

Revised 06/08

IOWA ETHICS AND  
CAMPAIGN DISCLOSURE  
BOARD

JUN 13 PM 1:22

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest Information received  
by a department or accepted by the  
Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Human Services

Name of Department or Office  
2309 Euclid Avenue

Des Moines, IA, 50310

Mailing Address

City, State, Zip Code

515-725-2700

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Wendy Rickman

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

wrickman@dhs.state.ia.us

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

Sticks, Inc.

Name

3631 SW 61st Street

Des Moines, IA. 50321

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

08-21-08

\$40.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by  
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

The Donation Selection Committee from Sticks Inc donated funding for the pillars of character artwork to  
be hung in the waiting room att the new River Place office.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Wendy Rickman, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and  
assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

1-12-09

Revised 06/08

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## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Wendy Rickman

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

wrckma@dhs.state.ia.us

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

Polk County Empowerment

Name

1111 9th Street Suite 100

Des Moines, IA. 50314

Mailing Address

City, State, Zip Code

515-246-6612

Area Code &amp; Telephone Number

Email Address (optional)

08-21-08

\$3,000.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by  
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

The Empowerment Board donated funds to furnish the local DHS office with books, age appropriate toys, and furnishings for a child's waiting room area at the new River Place Office.

Criteria to use this form:

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## Statement of Affirmation:

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Signature

Date

1-12-09